

## UW Medicine U-Link Program Account Enrollment and Agreement Form

Before you complete this form, please read the important notes below:

- ❖ U-Link is open to licensed medical providers and their staff to access records for referred UW Medicine patients for continuity of care.
- ❖ The enrollment process usually takes 1-2 weeks. In the meanwhile, to request copies of patient transcripts, go to <http://www.uwmedicine.org/patient-resources/medical-records>
- ❖ We will need to have at least one enrollee in your group who is a licensed provider with a registered NPI.
- ❖ A *Group Representative* must be identified for your U-Link group and he/she should be the first enrollee. This person will be responsible for maintaining the group’s list and doing an annual verification for all of the group members. Please confirm the identity and contact information of your Group Rep. prior to submitting this form. Note: The Group Rep. should ideally be a lead staff person or provider who will be a consistent U-Link user.

Last Name:	First Name:	Middle Initial:
Date:	Title:	
Practice Name:	Practice Specialty/Dept:	
Joining a new or existing group? (check one)    New <input type="radio"/> Existing <input type="radio"/>		
Address:	City:	State:
Zip:	Phone No.:	Phone Ext. :
Email:	Verify Email Address:	
Date of Birth:	NPI*:	Medical License No.*:
Group Rep. Name:		
Group Rep. Email:		Group Rep. Phone:

\*NPI and license no. are required for providers. Non-providers enter N/A.

### Agreement and Acknowledgment:

This agreement is between the practice group identified above and UW Medicine [UW Medicine is composed of the University of Washington Medical Center and its associated clinics, Harborview Medical Center and its associated clinics, the University of Washington Physicians Network, the Association of University Physicians dba University of Washington Physicians, University of Washington Hall Health Primary Care Center, UW Medicine Eastside Specialty Center, and the University of Washington Sports Medicine Clinic.]

Pursuant to 45 CFR § 164.105(b) (1), these entities are designated as Affiliated Entities. UW Medicine is also in an organized health care arrangement with the Seattle Cancer Care Alliance (SCCA) and Children’s University Medical Group (CUMG). This list may be changed at any time at UW Medicine’s discretion.

*Please continue to page two*

As a member of the named practice group above, I agree to the following:

- Comply with federal and state statutory and regulatory requirements regarding the privacy and security of protected health information.
- Use logins and passwords for access to protected health information on UW Medicine patients only for continuity of care.
- Contact the Physician Liaison Program at 206-598-5693 or [ulink@uw.edu](mailto:ulink@uw.edu) if an error occurs and access is provided for patients' medical records that should not be associated to this U-Link account.
- Notify the Physician Liaison Program at 206-598-5693 or [ulink@uw.edu](mailto:ulink@uw.edu) and request that access be deactivated if any provider ceases to be an active care provider or if a change in practice information occurs.
- Contact the Physician Liaison Program at 206-598-5693 or [ulink@uw.edu](mailto:ulink@uw.edu) if a patient requests that a provider of the group not be given his/her health care information.
- Comply with periodic requests from UW Medicine to verify or update demographic and practice information in order to maintain accurate records of U-Link users.
- Securely protect access accounts and passwords. Individuals will not share their password with any other person and will not permit others to access the U-Link system through their access account. Accept responsibility for all activities associated with the use of individual user account and related access privileges.
- Indemnify and hold harmless UW Medicine officers, directors, employees, students, or agents from and against any loss, claim, or damage arising from the negligent acts or omissions of Group and/or each of the undersigned individuals in the performance of their duties under this agreement, or violations of patient confidentiality.

- That the information obtained via U-Link is only a portion of the medical record and may not contain all of the information in the patient's medical record. (It contains such information as dictated transcripts, laboratory, pathology, medications, procedures and demographics. It does not contain handwritten notes and other non-electronic information.)
- That information in U-Link is identified as having been either *verified* or *not verified* by the attending physician and that the clinical notes designated as *not verified* have not been reviewed or authenticated by the attending physician for completeness and accuracy.
- That access to U-Link may be monitored to assure appropriate use.
- That the patient information accessed is confidential and will not be copied or disseminated except as authorized or allowed or required by law.
- That the Secretary of the Department of Health and Human Services or the Washington State Attorney General may investigate complaints and may seek criminal prosecution or impose civil monetary penalties to the practice and/or the individual.
- That access through U-Link is a privilege granted by UW Medicine and acknowledges that these privileges may be terminated at any time.

**Additionally, the Group Representative understands and agrees to the following:**

- Notify the Physician Liaison Program at 206-598-5693 or [ulink@uw.edu](mailto:ulink@uw.edu) when any of the following occur: a person in the group leaves the practice, a new person needs to be added to the group, or if a different person has been identified as the group representative.
- Verify the list of active U-Link users in the group when requested by UW Medicine.

By selecting the "I accept" button, you acknowledge that you have read and acknowledge the terms of the above U-Link Agreement, and that you are signing this Agreement electronically.

I accept the agreement. (Please click in the box)

Initial :

**Save this completed form to your computer. For fastest enrollment processing, we recommend you send us your form as an email attachment to [ulink@uw.edu](mailto:ulink@uw.edu)**

If email isn't an option for you, print the form and fax it to 206-598-4624 or mail it to U-Link Program, Box 359420, Seattle, WA 98195-9420 Questions? Contact us at [ulink@uw.edu](mailto:ulink@uw.edu) or 206-598-5693.

**Wait! Before you send us your form ...**

- Have you completed every field?
- If this is for a new group, have you confirmed that your U-Link Group Rep and at least one provider have sent in their form first?
- If this is for an existing group, have you informed your U-Link Group Rep that you are joining U-Link?